Component #3 – Fire/EMS Service Affiliation Information

Please complete the following information if you have ever maintained an active affiliation with a fire department or EMS service.

Applicants Name:_____

Fire Department/EMS Service Name:_____

Address:_____

City:_____ State:_____Zipcode:_____

Indiana PSID Identification Number:_____

Telephone Number of Organization:_____

Date of Active Service As:

     Volunteer Firefighter/EMS:_____

     Career Firefighter/EMS:_____

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